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ORIGINAL DEPARTMENT.

Communications.

Medical Education.

No. 4.

Much has been said and written in reference to the nature and extent of the *preliminary education* that should be required of such as are about to enter upon the study of medicine. The question, it seems to us, is an extremely plain one, and one that can admit of but a single answer. Medicine is pre-eminently a liberal science, the extensive orbit of which, as it has been remarked, and with scarcely a shade of exaggeration, embraces within its sweep some portion of almost every other science. Hence, every one must clearly perceive that, the more fully cultivated are the intellectual faculties, and the more richly stored with literature and with general science and information is the mind of an individual, the better prepared will he be to become a successful student of medicine. In requiring, therefore, as a prerequisite in those who are about to engage in such study a liberal classical, literary, and scientific education, we cannot be considered, certainly, as demanding more than would be desirable, could the demand be successfully enforced, and for this it would only require that the members of our profession, together with the several medical faculties throughout our country, should agree to make the presentation of satisfactory evidence of the possession of a sufficient degree of preliminary education an essential prerequisite on the part of all who would enter their offices or matriculate in their schools as students; firmly rejecting every one who is unable to present such evidence.

So far as we are able to see, however, the mooted point, at present, is not the value of adequate preliminary education in those who are about to engage in the study of medicine. This is very generally conceded. But the question is rather, what is the lowest amount of preliminary education that may be accounted adequate, or, in other words, the lowest amount that will suffice to enable an individual to commence the study of medicine with profit?

Under this view of the subject, a most humiliating one, it is true; and one, at the same time, which is calculated much more to reduce the standard of professional attainments and of professional competency, than to benefit any one, we shall be called upon, of course, to omit from our scheme of education for the medical student, all acquaintance with the dead languages. It must be confessed, that no one of these languages is *absolutely necessary* for the acquisition of medical knowledge or as a foundation for professional skill, however absurd it would seem to be to require the physician to employ daily a Greek and Latin terminology, and to write, almost hourly, prescriptions in Latin, with an entire ignorance of even the grammatical construction of the languages he thus makes use of. For, in relinquishing a knowledge of the dead languages as an acquirement preliminary to the study of medicine, we insist upon this relinquishment being full and complete. We can never be induced to admit as of any value to either student or practitioner, the "some acquaintance with Latin," that has been supposed sufficient for those about to enter upon the study of medicine.

Mathematics, though useful, must be included in the same category with the dead languages, as not being an essential preliminary

especially the higher branches of them, to the profitable study of medicine.

Beyond these curtailments of preliminary education in the medical student, we can scarcely proceed, with propriety, a single step. Of his own language, a very full and critical knowledge should, certainly, be required on the part of the physician. He is called upon by every principal of duty and of right, to record his professional observations, and to communicate these in such form and manner, as shall most benefit his medical brethren, and through them, the community at large. To do this effectually, the facts and principles embraced in all his communications must be couched in accurate, and at the same time, clear and precise language; as well to prevent their being misconceived as to recommend them to the favorable notice of every inquirer after professional truth. Such accuracy, precision, and clearness of style cannot be attained without a sufficient acquaintance with the genius, construction and rules of composition, and some practice in the use of the language in which the physician is called upon to write.

"While, however, a competent knowledge of, and facility in writing his native language is essential to every medical man, still, if his acquaintance with language extend no further than this, he will find himself cut off from access to an important field for the acquisition of knowledge. Numerous valuable works in all the departments of medicine written in French and German, and still more numerous essays of equal value, crowding the pages of the French and German professional journals, remain, and ever will remain untranslated. All these are necessarily placed beyond the reach of such as have an acquaintance with no other language than their own. In view of the number and value of the works and essays just referred to, and the additions that are made to them every year, we can scarcely conceive that any physician of an inquiring mind, would rest contented without such an acquaintance with the languages in which they are written as shall give him free access to their contents.

So much for languages, familarity with which will be best acquired previously to entering upon the study of medicine. But important as is a knowledge of his native tongue and those of the nations of Continental Europe, by whom the science of medicine has been the most successfully cultivated, to the physician, such knowledge by no means comprises all that would seem to be necessary in order to fit an individual for the study of medicine as a science and the successful practice of it as an art. Without a somewhat intimate acquaintance with natural philosophy and natural history, in the widest signification of these terms, from mechanics onward to meteorology, geology, general astronomy, and the physical history of the earth's surface, it would be very difficult for the physician to arrive at any satisfactory conclusions as to the true etiology of the various endemic, epidemic and sporadic diseases which afflict the human race, or as to the means best adapted to diminish the frequency of their appearance, or, if it be possible, to prevent entirely, their occurrence.

The more extended and complete the general scientific education of him who enters upon the study of medicine, the better prepared will he be to render himself familiar with its theory and its practice, the greater will be his aptitude to acquire the proper skill for the detection, diagnosis, and cure of diseases, the greater will be his qualification to enlarge the boundaries of his profession, and to increase the certainty and efficiency of its preventive and curative means.

It will not do to urge, as an argument against the necessity of a high standard of education as a prerequisite for the profitable study of medicine, and for the acquisition of a due degree of proficiency as a practitioner, the fact, that some few have succeeded in attaining a vast fund of medical knowledge, and have become eminent for their professional talents and skill, with but little, if any preliminary education, and with the possession, throughout their entire career, of scarcely any knowledge, beyond that of a strictly professional character. Instances such as this have however, been, confessedly of extremely rare

occurrence, and in no one of them has not the want of a literary and scientific education been evinced in many ways. Such of these illiterate and uninformed medical stars as have favored us with a confession, deplore, in bitter terms their defective education, and place in bold relief the difficulties they in consequence, encountered at every step of their progress, whether as students or cultivators of medicine. Their example, when closely viewed, furnishes, therefore, but poor encouragement to those who would enter upon the study of medicine without the necessary educational prerequisites.

Excessive Epistaxis Arrested by Direct Pressure—Novel Method.

By E. A. D'Arcy, M. D.,
Of Jerseyville, Illinois.

In a recent number of the Reporter, Dr. W. H. Triplett, of Virginia, has given a fatal case of epistaxis, which induces me to report a case that occurred under my care.

O. W., aged 40, was somewhat reduced in flesh, from ague and fever, though by no means anæmic. He was taken on a Friday morning with somewhat profuse epistaxis, so much so that Dr. S. Ayres was called in, and attended him throughout the day without success. On Saturday morning Dr. W. Cole was called, and on Sunday morning I was called in consultation. I found the patient very much debilitated, anæmic, with great mental anxiety. I learned from his medical attendants what had been done, which was generally similar to the treatment in the case reported by Dr. Triplett.

Up to this time, I had never treated a case of epistaxis that would not yield to front and rear plugging; and, to own the truth, my faith in plugging was so strong, that I thought that my medical brethren had perhaps not plugged front and rear very thoroughly, and so I performed it again. I made a pile, of many thicknesses of muslin rags, through which, with an awl, I made a conical hole and passed through it a strong cord; then cut the pile into a cone, soaked the cone in melted beeswax, a little softened with oil, applied a retracting string to the bottom of the cone, in order to remove it when desired, and passed the strong cord through the nares, and forcibly pulled the cemented cone into the posterior nares. I then plugged the front with a similar plug, and to the satisfaction of us all, the hemorrhage ceased. The patient complained of cold extremities and chill—an ague was on him. However, we, or the ague had overcome the hemorrhage. When reaction came on, in about one hour, to our dismay, the blood passed both plugs. Here was a dilemma. The patient's mental distress, somewhat abated by the partial success, now became so great as to be painful to the bystanders.

The idea here struck me that I would endeavor to make direct pressure, and did so, by means of the intestine, such as is used in sausage making, introduced throughout the whole extent of the nostril, the posterior end being previously ligated. Water was then poured into the front end, and pressure made by forcing the water into the nostril. But another failure overtook us, as the intestine burst from the pressure.

I then determined to try something of more strength, and the suitableness of the œsophagus of a sheep in this case, came to my mind. A sheep was immediately killed, and the œsophagus removed. We properly introduced the œsophagus of the sheep, ligated it as in the previous attempt, and poured in the water. Then ligated the front end, pressed up the water by compressing the œsophagus with the hands until the pressure produced severe pain in the nares. The bleeding at once ceased—we were completely successful. The pressure gradually lessened by the accommodation of the parts, and the pain subsided. The pressure needed no renewal, and the œsophagus was removed on the second day, without hemorrhage. Recovery was slow, but complete.

Dr. Winewood reports in the *Cleveland Medical Gazette*, the successful treatment of ozena, by snuffing a powder of the root of the Polygala Senega.

The Queen of Portugal died of diphtheria.

Biography.

BIOGRAPHICAL SKETCH OF JOHN BOWNE, M. D.

(Late member of the District Medical Society for the county of Hunterdon, N. J.)[1]

By JOHN BLANE, M. D.,
Of Perryville, N. J.

The subject of this sketch was born September 2d, 1767, on a farm near the village of Freehold, in Monmouth County, New Jersey. The place of his birth was afterwards the scene of one of the most sanguinary struggles of the Revolution, known in history as "the Battle of Monmouth." This battle was fought, as most readers are aware, on Sunday, 28th June, 1777, and as was common in those times, the Tories and all who adhered to the royal cause were emboldened at the near approach of the royal army, to such a degree, that Whigs and all who took part with their country in the cause of freedom, were in danger of their lives. This was particularly the case with the family of the subject of this sketch. His father was a zealous Whig, and actively engaged in the militia of the county, and had just returned home, laboring under a severe turn of intermittent fever. They were so harrassed that it became necessary to leave their house, on Thursday previous to the battle, and take refuge in a woods at some distance, in which place they continued until the following Tuesday. Their home in the mean time was visited as often as prudence would permit, by a faithful slave, who conveyed such necessaries as he was able to collect, to his sick and suffering master and family.

On the following Tuesday the family returned to their desolated home, and the scenes which they there witnessed, made such an impression on the mind of young Bowne, that more than eighty years afterward, they were described by him with a vividness and clearness, far outstripping any history extant—a good demonstration that "early impressions are the most lasting." When his memory failed in regard to recent events, he still remembered and recounted the scenes of the battle of Monmouth.

His preparatory studies were prosecuted in the Academy of Freehold, from which he received a diploma certifying to his proficiency in the "Greek and Latin languages and the Arts and Sciences usually taught in colleges," signed by John Woodhull, D. D., and other officers of the institution.

We next find him a student of medicine in the office of Doctor Moses Scott, in the city of New Brunswick, and at the same time a member of the Federal Society of that place. In the fall of 1790, he became a student of Dr. William Shippen, in Philadelphia. In 1791, the two medical schools then in existence in that city graduated six, namely: the College of Philadelphia, five, and the University, one. It is certain he was not a graduate of the University, and the writer has no means of ascertaining whether he was one of the five who received the honors of the Philadelphia College of Medicine. His being a student of Doctor Shippen, and the Doctor holding the professorships of "Anatomy, Surgery and Midwifery" in both schools, would seem to favor the idea that he may have been one of them. Or it may have been, as declared by the "records of the school, that comparatively few of the graduates ever applied for the Doctor's Degree, as the possession of a medical degree was at that time deemed much less essential to success in practice than at present, and many availed themselves of the opportunity of acquiring professional knowledge afforded by the lectures, who were indisposed to comply with all the conditions requisite for obtaining the honors of the institution." Be that as it may, the "Medical Society of New Jersey" conferred on him the degree of Doctor of Medicine at its annual meeting in 1850. The certificate of his examination and qualification to practice medicine and surgery in the State of New Jersey was granted at Burlington, 3d August, 1791, by Doctors John Abm. De Normandie, and Francis Bowes Sayre, (who at that time was the recording secretary of the Medical Society of New Jersey,) appointed by the Justices of the Supreme Court to take the exami-

[1] Written agreeably to, and at the request of said society, by a resolution to that effect, passed at its semi annual meeting, at Flemington, 26th October, 1858.

nation, and the license and certificate to that effect granted and signed the same day by James Kinsey and Isaac Smith, Justices of the Supreme Court of the State of New Jersey, agreeably to the laws of the State. He was a member of the Cliosophic Society of the College of New Jersey.

Dr. Bowne moved into Hunterdon county and commenced the practice of his profession in the fall of 1791. He resided at Prallsville until the spring of 1795, when he removed and settled in the neighborhood of Ringoes. He married Miss Corle, who lived on an adjoining farm. She was born in 1770, and died in 1856, leaving but one child, a son, J. G Bowne, Esq., now occupying the homestead where the family has resided nearly two-thirds of a century. Doctor Bowne was actively engaged in the duties of the profession more than sixty years, doing a very extensive business. His practice at an early day extended from Well's Falls to Bull's Island, on the Delaware, with a corresponding width into Pennsylvania and New Jersey. (The incorporated borough of Lambertville at that time was not in existence, there being nothing at that place but a tavern and ferry.) In fact there are now more than twenty physicians, each doing a respectable business, on the ground once occupied and rode over by Doctor Bowne, and on which at the time there was but one other physician.

He was a member of the Presbyterian Church at Mount Airy, and for more than fifty years a ruling elder, during the ministry of the Reverend Messrs. Grant, Kirkpatrick, and Osmond. He died the fourth day of November, 1857, on the farm on which he had resided nearly sixty-two years.

Doctor Bowne possessed a vigorous constitution, rode mostly on horse-back, and when we consider the scarcity of roads and the condition of the few in use in the early part of his practice, together with the extent of his riding, we are astonished at his powers of endurance. Besides his practice he superintended and conducted the affairs of his farm, and that equally as well as the practical farmers in the vicinity. He was proverbially noted for his punctuality and business habits, and was a regular attendant of the meetings of the District Medical Society for the county of Hunterdon. The writer well remembers the last time he was at the meeting of the Society. The hour of meeting passed, and another hour transpired without a quorum being present, when Doctor Bowne ordered his horse, and said he would "not wait for a society that was so tardy. Physicians, of all others, ought to set an example of punctuality, and that until he could hear of their meeting more regularly and at the appointed hour, he would not attempt to attend." This was not long before his death, and as before stated, proved to be his last attendance on the society.

He was conservative in practice, never leaving a plain old road for a new track, however much it might at first promise—and yet whenever any new thing was proven to be of use in the profession he most willingly adopted it. Before vaccination came into practice he advocated and practiced innoculating for smallpox, as lessening the severity and danger of the disease, and was very successful. He informed me he had three hundred patients with the innoculated smallpox at one time. The custom in those days was to select a certain house as a smallpox hospital in each neighborhood, one where the heads of the family and those who were to nurse the sick had had the disease, and the children after a preparatory course at home, were assembled in these several places, and innoculated for the smallpox and remain there until well. The plan was eminently successful. But when vaccination was discovered and proved successful he at once adopted it, and putting his vaccinated patients to the severest tests, proved clearly the superiority of vaccination over innoculation. He remained a firm believer in the protective power of vaccination if properly performed and the system fully imbued with the affection.

He was very cheerful, fond of anecdote, and quick in reply, possessing that kind of temperament that rendered labor light. Business and duty with him were not hardships, and this no doubt had a tendency to prolong life. It is related of him that on a certain occasion a person rather posingly asked him why people

took the measles, smallpox, &c., but once. He quickly replied "if you will tell me why they take them *once* I will tell you why they take them *but* once."

When Doctor Bowne died he had the reputation of being one of the wealthiest men in the county, and yet I never heard a complaint among all his numerous patients, that he had charged extravagantly, or enforced the collection of a bill by distressing any one in the payment of it. In this respect he was very much missed by the poor.

He lived in eventful times, both political and medical; he was warmly attached to the institutions and liberty of our country, and did not hesitate on all suitable occasions to make his opinions known, and sustain his positions with argument intersperced with the wit and humor for which he was noted, at the same time never descending to the vulgar, or in any way bringing reproach on the Christian cause to which he was so warmly attached, and to which so early in life he dedicated himself.

It was during the last year of his pupilage, namely, in June, 1790, that the Medical Society of New Jersey, the oldest one in the Union, was incorporated. When he attended medical lectures there were, as before stated, two schools in Philadelphia, and they the only ones in America. They were merged in 1790, (?) into the medical department of the University of Pennsylvania, which is the oldest school of medicine on the continent of America. He lived to see the rise and fall of many schools, and there were nearly forty in existence at the time of his decease. There are very few of the present race of practitioners of medicine who have any idea of the deprivations and inconveniences experienced but a few years ago by those entering the profession, or the hardships which attended the practice—which instead of discouraging and breaking them down, had the effect of producing a spirit of self reliance and a determination to support the dignity of the profession, (without the aid of written codes of Ethics, each one carrying a code in his own breast) which would well become the members of the profession at the present time.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Oct. 8th.

Service of Dr. J. Forsyth Meigs.
(Reported by Mr. J. B. Hayes.)

Jaundice—Acute form.—This patient, usually a healthy, vigorous subject, 53 years of age, has been in the house a week. Ten days ago, he was at work some distance up the Schuylkill river, in a malarial locality. After exposure to a prolonged wetting, he was attacked, on the 28th of last month, with epigastric pain, fever, repeated vomiting of greenish and yellowish liquid, headache, and marked debility. He entered the house on the 1st of October. He was then laboring under considerable fever, had occasional vomiting, and complained of moderate, not violent, pain in the epigastric region, and had evident tenderness, on pressure, in the same region. Jaundice was even then beginning, but it had not reached the degree you now observe. His tongue was dryish, heavily furred, and his bowels were constipated. There was some enlargement of the liver, as this organ was found, upon percussion, to extend somewhat below the right margin of the thorax. He was confined rigidly to bed, and was ordered two grains of blue pill and rhubarb each, every two hours, until the bowels should be well evacuated. The diet to be arrow-root gruel.

On the next day, as the bowels had become too loose, the rhubarb was withdrawn, and a ¼ of a grain of opium substituted, and he was ordered two grains of quinine four times a day.

The jaundice became deeper and deeper, until the whole surface was of a rich yellow color, and the conjunctiva even very deeply tinted. The fæces were light colored; the urine was strongly tinged with bile. On the 6th October, he was attacked with troublesome hiccup; his tongue was dryish: he complained of weakness, and the pulse lost force, and ran over 100. The blue pill was now given in doses of one grain every four hours; the quinine was continued; a small blister was applied over the epigastrium, and in view of the prostration which had supervened, he was ordered a wineglassful of wine-whey every four hours, and half an ounce of whiskey every three hours, until the pulse rose. The whiskey was given because we found that he had been in the habit of drinking rather freely. Small quantities of chicken-tea also were prescribed at occasional intervals.

To-day, his abdomen is soft and supple. The left hypocondriac region is clear on percussion, and the right more so than it was, showing that the liver is somewhat diminished in size. The skin, as you can see, is of a deep yellow color, as are also the eyes. The coloring matters of the bile, the

biliverdin and bilifulvin, are contained in large excess in the blood. The hiccup continues from time to time. The pulse is 70, and now is of good volume and force. The vomiting has, in great measure, ceased. He has a little headache. The pupils are now, and have been all along, much contracted, in all probability, from the irritant action on the brain, of the bile contained in the blood.

Cause.—This man has not had—I infer from the absence of violent pain—gall-stones. The attack is one, we have every reason to suppose, of congestion of the liver, and consequent suppression of its function, from the action upon the organ of the malarial poison. It is well known that certain miasms give rise to jaundice,—and particularly those which produce autumnal fever and yellow fever. The precise mode of action of the autumnal fever poison is unknown. The effect of the yellow fever poison is now well known to give rise to a fatty alteration of the liver. I have of late supposed it possible that the action of the autumnal miasm upon the liver might be analogous to that supposed by Dr. Geo. Johnson to be exerted upon the kidneys by the effort of these organs to eliminate from the blood the poison of scarlet fever. This effort in the kidneys gives rise to congestion of the secreting portions of those glands, in impeded circulation, and a consequent retention of urea in the blood. I have asked myself, whether something of the same kind may not take place in regard to the liver in autumnal and yellow fever. This is, to be sure, the merest hypothesis, and could only be shown to be founded in fact, by a patient microscopic study of the organ as affected by those diseases. But hypothesis has its proper place in medicine as in other sciences, and may at least point the way toward which our observations should tend.

He took yesterday a Seidlitz powder, which operated slightly, the stools being still too light colored. He is to continue the blue pill and the quinine. The whiskey is given occasionally, as he may seem to require it.

Rheumatic Fever, with Cardiac Disease.—This patient, whom you have already seen, is 18 years old. He entered the hospital ten days ago, having been seized a week before, whilst at sea, with acute pain under the sternum, dyspnœa without cough, fever, and loss of strength, so that he had to give up work. He tells me that seven years ago he had a violent attack of rheumatism, which kept him twelve weeks in bed, and that since then he has had much shortness of breath at times, and palpitation, though he has done the work of a seaman for some time past.

When admitted into the house, he had acute rheumatism of both wrists and hands, severe fever, pain in the sternal region, and some quickness of breathing, though no marked dyspnœa. He had no cough; the tongue was furred but moist; the digestive organs presented nothing peculiar. On physical examination, the apex of the heart was found to be indistinct, and to be below and outside of the nipple. The impulse was indistinct and feeble. At these points the cardiac sounds were muffled and distant, and partially marked by a murmur, which increased greatly in intensity toward the sternum. Over the sternum, opposite the third and fourth cartilages, were heard a loud to-and-fro sound, the first portion of which was sterner and harsher than the second, whilst the second was deep in its tone and long-drawn. This was evidently a double murmur in the aortic orifice, as it was loudest over that opening, and was transmitted upward over the large vessels. It was also attended with distinct thrill in the carotids and sub-clavian, and even in the radial arteries. The dullness over the precordial region was much increased in extent. It extended from the third rib down to the sternum, and from the right edge of the sternum out to an inch beyond the left nipple.

The pulse is large and full and has the collapsing character of aortic regurgitation.

On examination of the back of the chest, you may observe that the percussion is clear over the whole of the right side, whilst on the left it is dull, from the inferior angle of the scapula downward. Auscultation reveals over the dull region strongly marked bronchial respiration of a sniffling tone. There is no râle. These signs are those of acute pleurisy, with fibrinous exudation. There is no pneumonia, for there is neither crepitation nor other râle, nor has there been any cough until a little last night. The right side expands well, and the respiratory murmur is healthy.

The skin perspires freely, and the cutaneous secretion has an acid smell, and a strongly acid reaction, as you may see from its marked and rapid effect of reddening the litmus paper, which I apply to the upper lip and forehead. The saliva also, which ought to be alkaline, is now strongly acid; for, you observe, the litmus paper laid upon the tongue is instantly reddened. The acid which produces these effects is generally thought to be the lactic. The presence of this acid in the blood is supposed, by some of the best modern observers, to be the proximate cause of rheumatism.

The case is, then, one of disease of the aortic valves, with dilated hypertrophy of the left ventricle, of old standing, with a recent severe attack of pericarditis with effusion.

Treatment.—At first acetate of potash, ℥i every four hours, with calomel gr. ss., and pulv opii et ipecac. gr. iv. every four hours. The potash was

given, largely diluted, and the calomel and Dover's powder together. A blister, four inches square, was applied over the precordia, and absolute repose in bed enjoined, and a diet of arrow-root in milk allowed.

The improvement was very rapid, the pain and swelling of the joints having, in great measure, passed away, and the fever having subsided after four days. The remedies were then given only once in six hours.

Tussis Ferina.—This patient, a young woman, 18 years of age, has been in the hospital since the 10th of last July. You will notice that she is of large frame, in good flesh, not looking ill at all; but with a peculiar, startled, nervous expression of countenance. Her complexion is rather pale She tells us that she has been sick ever since she was 13 years old—that is to say, five years; that she had loud, ringing cough from the beginning, and, we mark this, that the cough could be heard a mile off; and observe, also, that she makes this statement as to the remarkable character of her cough, not with a distressed air, so much as with an air of expectation that it should excite in our minds wonder, if not admiration. This is the true hysterical character. She says that she has had spitting and vomiting of blood. Her appetite has been always poor, and she has been weak. Her cough is loud and frequent, so that it can be heard through all the wards of the hospital.

Dr. M. had examined her chest, and found a good, soft, healthy vesicular murmur. She never had had croup; she had now a little pharyngitis, but no ulceration or active inflammation, only a hypertrophy of the mucous follicles.

This was a case in which a great mistake in diagnosis might be made. He had advised country air and active exercise. It was not a case of tuberculosis, ulceration of the larynx, spasm of the glottis, or asthma. It was *tussis ferina*, or *clangosa*, a hysterical affection.

Prognosis.—She would recover; drugs would do but little good; iron alone might be productive of benefit. He had seen a case in which the patient coughed every fifteen seconds, from the time of awaking in the morning till night, a loud, ringing cough, which could be heard to a great distance. The patient entirely recovered by using ative exercise.

The cough must be dependent on some reflex irritation of the recurrent laryngeal nerve. It is, to some extent, under the influence of the patient's will, as it can be produced, you observe, for the asking. Give this patient a powerful motive, and the cough could be, I think, overcome in the course of a moderate length of time.

JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

OCTOBER 12TH.

Clinic of Dr. Gross.

Tumor of Testis.—The patient was a German laborer, 48 years of age, and a widower. The tumor had existed from his earliest recollection. It was now a source of pain and inconvenience; its weight must be 4 or 5 pounds. Its feeling was that of a solid body.

The question of its nature and character was a problem to be solved. Dr. G. had never examined it before, and was not prepared without investigation, to announce the diagnosis. It was not of a malignant nature, else long ago it would have destroyed life. It was not *hernia*, the tumor never disappeared. Was it *sarcocele?* It was possible, but not probable; had it been, the disease would probably have disappeared long ago. Was it a *fibrous* tumor? This was possible. Dr. G. had in his private collection such a tumor of the testis, weighing five pounds: he questioned if it were such in this instance.

Was it *hydrocele?* The tumor was solid, firm and dense. In a dark room by transmitted light its nature might be determined, but there was so great thickening that there would probably be no translucency. The tumor did not extend so high as hydrocele generally does, yet it might contain water: to determine this it would be necessary to introduce an exploring needle. Several punctures were made, and the tumor ascertained to contain a fluid, a stream of sero-purulent liquid followed the punctures in the upper portion of the tumor: it was partly solid, partly fluid. An operation was advisable, but was deferred for the convenience of the patient.

Necrosis of Femur.—The patient was a middle aged man. His right thigh was greatly shortened and thickened, and presented several openings upon the outside. He says that 3 years ago it was spontaneously fractured. It is reasonable to suppose that the bone was in a state of disease. It could be taken for granted that necrosis existed now. Whenever such openings as these—sunken, apparently connected with the bone, and having a teat-like bunch of granulations in the centre—existed over a track of bone, they denoted death of the bone or a portion of the bone. The probe here grates on bone denuded of periosteum. The only way to cure the patient was to cut down and liberate the diseased bone. A portion of dead bone, as minute as a pin's head, would keep up the irritation and retard the cure. Operation deferred.

Varus.—The operation of tenotomy was performed upon a child who presented this deformity

in a marked degree. Upon this occasion only the tendo-Achillis was divided, to remedy the elevation of the heel. The inversion of the foot was caused by contraction of the tibial muscles, one of which it might be necessary to divide to relieve the deformity.

In the gap caused by the division of the tendon, plastic matter would be thrown out, which would serve to unite the ends of the tendon, and in time would become organized into tissue analogous to tendon.

The heel was brought down at once into position by the operation, and an apparatus ordered to be worn by the child, made and adjusted by the cutler.

Coxalgia treated by Actual Cautery.—This lad was 8 years of age, and had been lame 6 months. There was a marked difference between the buttocks and thighs of the opposite sides; upon the diseased side the nates were flattened, and there was an obliteration of the ilio-femoral fold, at the junction of buttock and thigh.

These symptoms, with lameness and pain in the knee, were sufficient to establish a diagnosis. They were the characteristic phenomena of *coxalgia* in its early stages.

The disease was here incipient: there was inflammation of the synovial membrane, and probably of the cartilage encrusting the head of the femur and the acetabulum. The object was to establish a correct diagnosis as soon as possible, and apply remedies to the seat of the disease. Without enlarging further upon the nature and progress of the disease, he would add, that unless taken early under treatment it would end in deformity and loss of the limb. Motion was injurious to the joint. *Rest* absolute, unconditional, in the recumbent posture, was a sine qua non in the cure. The first thing to do was to subject the patient to absolute rest: he was not to get up for eating or drinking, nor to relieve his bowels or bladder. If this were enjoined and enforced upon the patient, he would be sure to get on well.

This boy was of healthy appearance; he should not be allowed any meat; he should have stale bread, and a mild alterative cathartic, the smallest quantity sufficient to keep his bowels open.

℞ Pilul. hydrarg., gr. ij.
Jalapæ, gr. v. M.

As a local application, an issue would be established by the hot iron directly over the affected joint. The object in establishing the issue was to afford an abundant discharge of pus for 9 or 10 months. The advantage of the issue made in this manner was, that the discharge was kept up for a longer time and to a greater extent than in the issue made by the knife.

The patient was thoroughly etherized, and the application of the cauterizing iron made sufficiently long to destroy the skin and a portion of the subcutaneous structure. The point selected was about on a level with and posterior to the great trochanter.

Cold applications would be made to-day to the eschar, to-morrow an emollient poultice would separate the eschar, leaving an issue two inches in diameter.

Inversion of Toe-nail.—This had been a source of excessive suffering to the patient for 5 weeks. It was proposed to perform a radical cure, by removing the offending portion of the nail with its matrix. Ether made this operation endurable, which, without it, was one of the most painful in surgery. An incision was made by a sharp scalpel in the inverted portion of the nail, from the root to the free extremity. It was essential that the matrix be removed, else the disease would be reproduced with the nail. The operation was simple and easy.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

Clinic of Prof. A. Clark.

Paralysis Agitans—Probable Cause, Injury.—This patient, who is a tolerably healthy looking adult of about 40 years of age, first presented himself at the clinic on Aug. 18th last. At that time the only noticeable feature about his case was a constant trembling motion about the arms and legs. He was sick about three years ago, when he ran the fin of a fish in the palm of the right hand. Considerable inflammation followed, the hand swelling up to such an extent that he was obliged to have it opened several times. Since then the joints of the fingers have been stiff and unyielding. He first noticed this trembling motion about eight months ago, and thought it had some connection with the injury of the hand.

After he had recited his ailings, Dr. Clark directed him to walk across the floor, in doing which the patient assumed an unsteady, tremulous gait, inclining the body at the same time strongly forward upon the toes. He remarked, in walking, that his legs felt as if he had a heavy weight attached to each foot.

Dr. C. made substantially the following remarks:

You will notice that in paralysis agitans the movements, though uncertain and tremulous, are characterized by regularity, entirely different in this respect from chorea, a case of which you have just seen, and where the movements are very irregular. Paralysis agitans belongs to old age. This man, however, is

not above forty. Sixty and upwards is the time for paralysis agitans to make its appearance. If a man, however, lives very "*fast*," he may have it earlier. This man tells us that he has been strictly temperate, and is not the victim of any bad habits. Now, then, there is only one other inquiry, and that is, whether the disease in this case has been produced by any metallic poison, such as mercury, arsenic, etc.

It does not seem, on inquiry, as if we were able to detect any such efficient cause of the disease.

The next and most important inquiry is, what is to be done? You will all admit that this is a very uncomfortable state of affairs to be placed in. In the first place, the patient cannot feed himself. Does not the meat sometimes drop off your fork when you carry it to the mouth? Yes, sir, once in a while. That is very aggravating, of course.

Well, then, what can be done? The two agents that I have relied upon the most are zinc and iron. You observe that the treatment has some analogy to that of chorea, although we suppose that the causes of the two diseases are different. Our opinions, however, in regard to both diseases, are merely conjectural. The treatment, therefore, must always be entirely empirical. I have seen decided beneficial influence result from the somewhat protracted influence of the oxide of zinc, combined with a very small quantity of nux vomica. I should feel disposed, then, to advise this man's physician to try it, say three grains of the oxide of zinc to commence with, and a small quantity of nux vomica. Then increase the zinc gradually until we reach eight or nine grains, and repeat it three times a day. In the course of a month or two we will request him to come here again, when we can see what has been the result.

On the 13th of October the patient again appeared at the clinic, manifesting some improvement, and although the tremulous motion is not much diminished, he walks with more ease and elasticity, the weighty sensation in the legs having almost entirely disappeared This being the case, Dr. Clark recommended that the same treatment be pursued for at least a month longer, and should no decided improvement then manifest itself, he would drop this remedy and place him upon large doses of carbonate of iron.

The personal appearance of Jenner is thus described by one of his friends: "His height was under the middle size; his person was robust but active and well formed. In his dress he was peculiarly neat, and everything about him showed the man intent and well prepared to meet the duties of his calling. When I first saw him, it was on Frampton Green. He was dressed in a blue coat and yellow buttons, buckskins, well polished jockey boots, with handsome silver spurs, and he carried a smart whip with a silver handle. His hair, after the fashion of the times, was done up in a club, and he wore a broad-brimmed hat."

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

The regular meeting of this society took place Wednesday, October 12th; a large number of members and other professional gentlemen being in attendance.

Foreign Body in the Left Bronchus—Tracheotomy.—Dr. Conant presented a small piece of an apple, which had entered the wind-pipe, and been removed from the left bronchus after the operation of tracheotomy had been resorted to. He gave the history of the case in substance as follows:

Two weeks ago, a little boy about seven years of age, while eating an apple, was suddenly attacked with choking, which became so violent that respiration appeared to cease, and his father believed him dead. He picked him up immediately, and ran his finger down the throat of the boy, and distinctly feeling a piece of apple in the back part of the throat, crowded it down. The child was at once relieved, and began to breathe quite freely. A few moments afterward, however, the breathing again became difficult. He was then brought into the Demilt Dispensary, where the doctor had an opportunity of seeing him. The case was very carefully examined, and the œsophagus explored with a sponge-probang, so as to be sure that no portion of the apple remained there fixed. At this time the air was passing into both lungs, although the breathing had become quite difficult. An emetic had, meanwhile been administered, by which a considerable quantity of the apple which the boy had eaten was brought away, without any relief, however.

He then proposed that the trachea should be opened, in order to give exit to the foreign substance, which had evidently become lodged there. The father, however, objected, saying that the child had had inflammation of the lungs and asthma, and was not breathing now with any more difficulty than it had on previous occasions.

On the Friday following the child was attacked with very great difficulty of breathing, and suffocation threatening, it was again brought to the dispensary, and on examination it was found that the left lung had ceased to move almost entirely, no air passing into it. It was supposed then that a portion of the apple had become lodged in the left bronchus. The lips were blue, the countenance exceedingly anxious, the child unable to swallow, and to all appearances could live but a short time. Dr. C. told the father that he must open the trachea, to which the latter objected; and thinking that the child would die in the course of a short time, the parents went and had a daguerreotype taken of the little sufferer.

Upon further consideration, however, the father

consented to the operation, which was performed by Dr. C. at 4 o'clock P. M. the same day. The trachea forceps were introduced, and first turned upward, in order to remove anything that might be lodged *above* the opening. They were then turned downward to the bifurcation of the trachea, but nothing could be seized. A silver wire was then passed into the trachea and down the bronchus, with the hope of bringing it in contact with the border of the foreign body, and thus bringing it out, but also without success. The child was then suspended by the heels, and the chest forcibly compressed; this attempt was also in vain. A double canula was then inserted, and the child left, with special directions to the parents, that if the apple should come against the lower end of the tube, to remove the tube at once. The child remained in the same condition all day Friday and Saturday.

On Saturday evening the attention of the parents was called to the child by what they described as a slight "explosion" that had taken place in the instrument. When they came to examine the neck of the child, they found this small piece of apple lying near the instrument. At eleven o'clock the tube was removed, and the child allowed to go on without anything remaining in the trachea. Four hours afterward the child began to breathe through the mouth. Since that time the wound has naturally closed up, and when the doctor called to see him four days afterward, he found the child playing about with his brothers in the room.

Fibrous Tumor of the Uterus.—Dr. Finnell presented a specimen of fibrous tumor of the uterus, which had reached such a growth as to almost obliterate the uterine cavity. The ovaries had, in consequence of the fibrous inflammation, been entirely displaced from their normal position, so as to be adherent to the posterior surface of the organ.

The specimen was taken from the body of a woman who was beaten to death, or was *supposed* to have been beaten to death, by her husband. She was a very intemperate woman, and the mother of three children. While in a state of intoxication she had quarrelled with her husband, who beat her over the head with a stick, rendering her insensible and resulting in death.

On making the autopsy, while engaged in the examination of the uterus, the gentleman who was taking off the calvaria called my attention to what he supposed was a fracture of the skull, but it turned out to be a fissure produced by the forcible manner in which the skull was removed, with a chisel, before the bone had been entirely sawed through. This, the doctor remarked, is of frequent occurrence, and in these cases, which are the subject of medico-legal investigation, great care should be taken not to produce post-mortem fissures of this kind, which, however, may be distinguished from a fracture or fissure that has taken place during life, by the extravasation of blood on and in the margins of the fissure present in the latter, which is absent in the former.

Tubercular (?) Deposit in the Larynx.—Dr. Finnell next presented a specimen of tubercular deposit in the larynx, in behalf of a candidate for admission, with the following remarks:

I was requested by the gentleman to make an autopsy on Monday morning, upon the body of a young lady, who had died suddenly after coming from church on Sunday. For eighteen months previous to her death she had been suffering from aphonia, and had been receiving treatment for follicular disease of the throat and aphonia. The gentleman in attendance had been applying a solution of nitrate of silver, 40 grains to the ounce, by means of a camel's hair brush. She would sometimes remark, when the solution was being applied, that the spot was reached; except the loss of voice, no other symptom was present. She was able to be about, and often went to the doctor's place to have the application made to the throat. On Sunday last she went to the church, feeling very well, but in hurrying home to avoid being caught in the rain, she used a little more exertion than she was accustomed to. After reaching home she complained of great oppression about the throat and larynx. A physician was sent for, who pronounced the case as one of croup. Half an hour afterward she died.

I made on *autopsy* on Monday in company with Drs. Drake, Gournersey, Nichols and Lyons. We found the heart empty; the lungs healthy, with the exception that on the apex of both lungs was a smal depression, on making an incision through which a small amount of cretaceous tubercle was found. The patient had evidently died from suffocation. I expected to find the lungs engorged and filled with blood; such, however, was not the case. The cause of death was discovered to be in the larynx. Here is what I presume to be a mass of tuberculous matter, which so completely blocks up the laryngeal tube, that an ordinary catheter cannot be passed through it. A relative mentioned that when she slept, breathing was somewhat labored. When awake her respiration was just as natural as that of other persons.

This tuberculous mass is situated just below the vocal chords on the left; and springing from the cricoid cartilage is another mass, which comes around, so as to meet the first; in that way the cavity of the tube is almost entirely obstructed. A quantity of the mass has been washed away in preparing the specimen, it being very soft. There was no inflammatory action about the parts, no redness, no extravasation of blood, no œdema glottidis. It presented simply the appearance now shown. In the

muscles of the neck, near the insertion of the sterno-mastoid, etc., and also in the muscles crossing the trachea were found several spots of bloody extravasation, evidently caused by the struggle for breath during the agony.

DR. METCALFE wished to know if the mass had been examined, and whether or not Dr. Finnell was positive that this was tubercular matter.

DR. FINNELL: It has not been examined, except by the eye.

DR. METCALFE: I have asked the question because it presents very much more the appearance of an epithelial growth now, than that of tubercle.

DR. FINNELL regarded this as a very favorable case for tracheotomy, from the softness of the mass it would have been a very easy matter to dislodge it.

DR. METCALFE suggested that the specimen be referred to a Committee to report upon its microscopical nature, inasmuch as the occurrence of tubercular deposit in such quantity was very unusual in this situation. So referred to Drs. Finnell and Sands.

Supposed Intestinal Parasite.—DR. DALTON gave the history of a specimen, which was brought to him on the morning of the 12th inst. The specimen, although it had been kept in alcohol about three weeks, was in a very perfect state of preservation. It was about three inches in length, and mottled over with grayish-colored spots. It was supposed to have been discharged from the intestines of a patient, after the administration of an injection, from the fact, that immediately after the the passage his attention was attracted to something which he felt moving in his clothes. On examination he found the animal in question. It was first regarded as a very unusual variety of some intestinal parasite, but after a very careful examination by Dr. Dalton, proved to be nothing more nor less than the "*limax flavus*," or the common *slug*, an animal very frequently found in the gardens about New York city. The gentleman, who brought the specimen was very unwilling to admit that it was not actually discharged from the intestine. The fact, however, that the patient was the porter of a hotel, and in the habit of going to market and handling green vegetables, such as cabbage, etc., upon which these *slugs* are not unfrequently found, and from the fact that the animal, when discovered, was alive, led Dr. Dalton to believe that this slug had made its way into the patient's clothes unperceived, and was not noticed until immediately after the passage from the intestines. (This case is similar in many respects to one related by Prof. Clark some five years ago before the same body. In that instance the specimens, which were very complete filiform animals, some five or six inches in length, of a dark brown color, with a flattened body, were supposed to have been voided from the bladders of two females. Another specimen of the same variety was presented which was supposed to have been coughed up by a third person. It was at that time supposed by Dr. Clark, that water was a natural element of these animals, and that these specimens did not come from the body, but being accidentally present in the vessels in which the urine was voided, or in the third case where the sputa was coughed up, the mistake was very readily made of considering them entozoa)—REPORTER.

Epilepsy—Trephining.—DR. SAYRE presented a button of bone, which had been removed from a patient, who, some months ago had received an injury of the skull by the falling of a brick-bat upon his head. After the reception of the injury, the patient was subject to repeated attacks of epileptic convulsions. Upon examination a small depression of the bone was found, where the injury had been inflicted, and inasmuch as the patient always referred the pain to that portion of the head, the Doctor resolved to trephine, believing the epilepsy to be the result of the depression at the seat of injury. The operation was accordingly performed, and the small portion of bone presented, removed. The part removed was found to be fissured, and presented a small depression, and at one portion had become converted into a hard eburnaceous material, the deplöe at this point was entirely deficient. The dura matter beneath the bone was covered with small granulations. How the operation will result can of course not yet be known.

The history of those cases in which trephining had been performed for epileptic convulsions, the result of injuries, shows the operation to have been much more efficient than any form of medical treatment relied upon.

DR. BIBBINS wished to know whether epilepsy could not be produced by a shock communicated to the brain, without any direct injury to the skull, and related a case where a woman, in attempting to escape from her husband, leaped from a four story window, and alighted, so far as he could ascertain, upon her *feet;* ever since the fall she has had epileptic convulsions.

DR. DALTON asked if she was free from epilepsy *before* the fall.

DR. BIBBINS replied that she was.

Injury of the Ribs—Necrosis.—DR. FINNELL related the case of a little boy who was run over by a wagon; the gentleman who was called to see him supposing that the child had received a fracture of the ribs, advised the application of a bandage, saw that it was properly adjusted, and left the case Shortly afterward he called again, and not finding

the child complaining, he did not see him again in a week; in about a week's time his visit was repeated. The child at that time was well enough to be about, the bandage being still applied to the chest. Finding no particular trouble, he went away, leaving orders that the bandage should not be removed until the end of four weeks. In about four weeks he called again, and finding the boy well enough, presented his bill, and left directions to remove the bandage entirely in three or four days. When the mother came to remove the bandage and look at the bones, she thought that it was not yet all healed over, and sent for the doctor again. When the latter arrived, and looked at the parts, he found the *black, necrosed* ends of the ribs protruding through the flesh. Never having heard of anything of the kind, he was of course very much astonished. Dr. F. was then requested to see the case, and the dead portions of bone were removed with bone-nippers. The portion cut off was very smooth, showing that the case was not one of fracture, as had been supposed, but separation and dislocation of the sternal end of the rib from the costal cartilage. The ribs dislocated were the fifth and sixth of the right side.

The Doctor attributed this result to the application of the tight bandage, which had the effect of forcing the ribs through the integument, and he believed that the case would have progressed far more favorably had no bandage at all been applied. It is somewhat remarkable, that the boy experienced no pain or distress in going about, but was apparently as well as usual; and yet there was more than half an inch of the rib sticking out, when the bandage was removed.

The treatment of small-pox previous to its change by Sydenham, was as opposite to his treatment and to the natural indications, as possible. The unhappy patient was loaded with bed clothes. Lest one refreshing breeze should fan his burning frame, the curtains were drawn closely round, whilst under the notion of a putrescency and dissolution of the blood, he was all the time plied with a round of stimulants and cordials—to say nothing of the less potent but more disgusting ingredients, with which good care was taken that they should be sufficiently charged. "Luckily," says Sydenham, "it occurs occasionally that, from the preposterous application of external heat and inward cordials, the patient becomes delirious, and in a fit of frenzy, escaping from the cruel attention of his nurse, leaps out of bed, lies exposed for many hours to the cool night air, and so recovers."

EDITORIAL DEPARTMENT.

Periscope.

FOREIGN.

By L. Elsberg, M. D., of New York.

The Green (blue) Coloring Matter of Pus.—So many different substances have successively been supposed to cause the blue or green coloration of pus, that it is of some interest to know that C. Bergouhnioux claims (*Gazette de Paris*, 1, 1859,) to have proved it to depend on the presence of *biliary pigment.* He found the coloring matter of bile in pus from urethritis, otitis, ophthalmia, coryza, arthritis, abscesses non-specific, syphylitic, and scrofulous glandular; and also in meconium, liquor amnii, diarrhœic discharges, vomited matter, serous exudations, hydropic fluids, infiltration in cadavers, and many other normal and abnormal liquids.

Microscopical Anatomy of Peyer's Glands.—R. Heidenhain has published an important contribution to the anatomy of Peyer's glands, as his inaugural essay for the professorship of Physiology at Breslau, recently conferred upon him. Without going into minutiæ, we will state, as the result of the microscopical examinations detailed in the interesting essay before us, the *establishment* of the structural correspondence of these glands with all lymphatic glands. The mode of communication of the intestinal follicles with the chyliferous vessels he has, however, not been able to determine.

Displacement of the Right Sub-clavian Artery, and Left-handedness.—The origin of the right sub-clavian, as a primitive branch of the aorta, mostly to the left even of the left sub-clavian, is, according to Prof. Joseph Hyrtl, of frequent occurrence, (*Œsterr. Zeitschrift für prakt. Heilkunde, V.* 11, 1859.) He found it in two out of every one hundred cases, and regards left-handedness, supposed to be only a bad habit, depending on this anomaly, and therefore hardly perfectly eradicable.

Prof. Thiele (*Schmidt's Jahrbb., September*, 1859,) dissents from Hyrtl's views, thinking the anomaly does not occur so frequently, and that, besides, more than two persons in every hundred are left-handed.

Necrosis of Bone after Ligature of Aorta. Calcareous Metastasis.—Among the valuable contributions to experimental pathology by Otto Beckman, (*Verhardlungen der phys.*—

Med. Ges. Zu. Würgburg, IX, p. 143,) we notice "necrosis of bone from ligature of the aorta, and calcareous metastasis." This was proved by experiments on dogs. Obliteration of the nutrient arteries seems probable, though the mode of its production is not clear. The disease in the bone caused in it true calcareous deposits, salts of lime being taken up by the blood and deposited, in one case detailed by B., principally in the endocardium of the left ventricle, and in the right kidney, especially in the urinary tubules. It is thus proved that *deposits of salts of lime may be produced artificially.*

Chlorate of Potassa in Ozœna.—A. GAMBARINI relates, in the *Annali. Univ. di Med.*, two cases of ozœna—one from childhood, the other of five years standing—which, by snuffing up three times daily of a solution of pot. chlorat. ʒ ijss.–iij in aq. ʒ x, were perfectly cured, the first in four months, the other in three months.

Arsenious Acid in Chorea.—E. BARTHES details (*Gaz. des Hôp.* 68, 1859) the case of a previously healthy girl of eight years, who, in consequence of fright, had suffered for six weeks from chorea. Within seven days the patient perfectly and permanently recovered under the influence of arsenious acid, 5 mgrmm. —1 ctgrmm. (gr. 0.077–0.154) three times daily.

Cure of a Case of Chronic Vomiting.—A woman, æt. 32 years, rather weak, who had suffered five or six years with watery, and sometimes acid vomiting, with a feeling of emptiness and gnawing at the stomach, was treated with a solution of 1 gr. of chloride of gold in aq. ʒj, 10 drops in a cup full of water four times daily. All abnormal symptoms left, but the feeling of gnawing returning, the patient, two weeks after, was ordered ext. belladonnæ, gr. j, after which she became and remained well. (Prof. J. HOPPE, Pr. Ver.—Ztg. N. F. II, 24, 1859, *Schmidt's Jahrbb.* 9, 1859.)

Treatment of Hysteria.—In the *Archives Générales de Medicine* for June, 1859, we find an essay on hysteria, by Dr. BRIQUET, of Paris. After an historical sketch and description and analysis of the paroxysm, the causative relation to the uterus being denied, the possibility of diagnosing hysterical from epileptic and eclampsic paroxysm and of controlling the former at will, is strictly insisted on. The treatment then recommended is chloroform, by inhalation, till sleep is produced, and externally wherever there is local pain. The latter applications may be made also in the interval, thus often preventing a paroxysm.

The Transverse Motions of the Forceps.—KRISTELLER, in an able article on the mechanism of the forceps, published in the *Monatsschrift für Geburtskunde und Frauenkrankheitem* for June, 1859, says *the text-books should not make the "waving, pendulum-like sweep from handle to handle" an essential part of every forceps operation. It is much more rational, and better for mother and child, to extract the head with a constant gentle traction than by the transverse motions. Such motions may become sometimes necessary, but the indications for them should be fixed, so that their use in particular cases may become better understood, their great mechanical effect always lead to moderation in their employment, and the abuse to which they are so easily liable, be prevented.*

Artificial Formation of Tartaric Acid.—M. LIEBIG (*Gaz. Hebdom.*) has just made the important discovery that tartaric acid can be formed artificially by treating sugar of milk and gums with nitric acid. M. Liebig, after a profound and thorough investigation of the properties and composition of the artificial acid, has came to the conclusion that it is perfectly identical with the tartaric acid of grapes. Tartaric acid, formed in the manner stated above, is accompanied by a second acid, isomeric with the oxalhydric acid of Guerin Varry.

Acetate of Lead in the Treatment of Phthisis.—M. FANEL, of Alexandria, (Egypt,) reports, in the *Gazette Hebdom.*, three cases of phthisis pulmonalis treated with acetate of lead. He ascribes to the acetate a peculiar action on the mucous membrane, and believes that a cure can be obtained by the use of the salts of lead, without any symptoms of lead poisoning.

Curare in Tetanus.—Dr. OELLA, of Turin, (*Gaz. Hebdom.*) having determined that an antagonistic physiological action existed between curare and strychnia, used curare as an antidote to the latter, and for the same reasons applied it therapeutically in cases of tetanus (traumatic) and with success in one case out of three, and hence announces curare as a specific for tetanus. Dr. Manec, on the other hand,

sided by Dr. Vulpian, administered curare in a case of traumatic tetanus without success, and hence denies its efficacy. In each case the curare was administered endermically. Both practitioners are celebrated men, and are both probably correct in their statements, so that further experiments will be necessary to determine whether curare is really efficacious in traumatic tetanus, or whether it is only applicable in those cases that recover under any treatment.

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AMERICAN.

Transverse Fractures.—The *Boston Med. & Surg. Journal* having stated that transverse fractures of the shaft of the femur never occur, it corrects the statement, having seen two cases in the Museum of the Massachusetts Medical College.

We once had a case of fractured *tibia* to treat, which was as evidently and truly transverse as if the bone had been sawed through The lower fragment, by the force that caused the fracture, was thrown forward so much as to nearly cause a compound fracture, by cutting through the integuments. By the application of sufficient manual force to overcome the traction of the muscles, we were enabled to slide the ends of the bone into exact apposition, where they remained firm, and without the slightest tendency to displacement, and without causing anything like the amount of irritation, either constitutional or local, that ordinarily accompanies fractures of large bones.

Reduction of Dislocation into the Thyroid Foramen.—Dr. Brainard reports in the *Chicago Medical Journal*, the reduction of dislocation into the thyroid foramen in three cases in the following manner. After the pulleys had been unsuccessfully used, he wound a stick of wood with quilted stuff, to about six inches in diameter. It was then pressed by an assistant against the perineum, and firmly held between the thighs. With the limbs straight, he seized the ankles and carried the legs toward and in a manner tending to cross each other, using the wood as a fulcrum, and the members as levers. The dislocation was readily reduced.

In another case of the same accident, the patient was drawn down in the bed so as to bring the perineum against the bed-post which was surrounded by a pillow, and then the same manipulation, as in the previous case, effected the reduction.

Correspondence.

INTRODUCTORY DAY IN NEW YORK.

New York, October 18, 1859.

Monday was a busy day for Gotham, he being obliged to attend at no less than three distinct and highly interesting "Introductory Exercises;" first, at Bellevue Hospital, introductory to the Winter's Course of Clinical Instruction; second, the Introductory at the College of Physicians and Surgeons, where the address was delivered by Dr. A. Clark; and third, the same at the University College—address by Dr. Van Buren.

First, then, to Bellevue Hospital.—At the appointed hour of 1½ o'clock in the afternoon, the new and capacious amphitheatre of this institution, which seats about five hundred persons, was pretty well filled with students and professional men generally; among the latter some of our most prominent physicians and teachers. As had been announced, Dr. JOHN W. FRANCIS delivered the chief address, which was marked by that peculiarly happy style, and that true eloquence which derives its source from *facts*, that always characterizes his efforts on similar occasions.

After a few preliminary remarks, he spoke of the great importance and advantage of clinical study of such a nature as is offered to the student in Bellevue Hospital. He would be brief on this occasion, adhering to the rule which the old divine gave to his younger brother, that a sermon should be not longer than twenty-five minutes—for after that, there were no more conversions.

To clinical observation and research there is no end; no boundaries to the progress of our art and science; and while he congratulated the students upon the great advantages that this institution offered, he would most earnestly advise them to profit by them. Let me ask you, he said, in addressing the students, have you not come here with a firm determination to *work;* have you not visited this place to acquire more knowledge, to qualify yourself for one of the most important duties that can fall to the lot of man? When you come here, you have come to a working-house. Every man that enters Bellevue Hospital will be expected to labor most earnestly. Your opportunities for improvement are *vast*, your time is *short*, therefore labor most assiduously, for it is only by labor that you can reap a reward. And is there any reward more honorable, greater, than that which you are working for? Recollect that to enter this profession you must labor and toil most arduously, but a greater reward for that toil is found in no other calling. Look around you in every pursuit in life! Where have you found a person of any eminence who has not been a devoted disciple to toil? "All

nature toils;" every revolving day toils, nations are built up by toil. Adam Smith tells us that labor is the wealth of the world; without labor the world would be poverty. Look at the eminent men who have labored in our profession, read over their biographies, and you will find that hard toil only led to the eminence of success. Having this before you, I hope that you will be devoted disciples of labor, that you will spend every hour in this institution, so that you will derive therefrom the most profitable results. Let me ask you, one and all, what is the return that you are to reap for this extra labor? First, *distinction* in a profession which, above all others, is the most important that can occupy the attention of man. The abstruse mysteries of law, the sacred precepts of religion, although they demand the highest concentration of the greatest faculties, are still not followed by greater results than those which are associated with the study and practice of the healing art. When you come here, remember the importance of that art. You are not going through a mere holiday festival. You are in the acquisition of a science upon which depends the preservation of our species, upon which hangs life and death. Such is to be the great study of your life; and will you be indifferent to the rich treasures of observation and wisdom which are to be unfolded to you in this place? Do not suppose that I speak in a tone of extravagance, when I thus speak of the great importance of medicine, and distinction in it as labor's first reward.

Read the history of by gone ages, read the history of the progress of nations, and you will always find on some one page or other, something that will convince you of the great importance of the medical art; and from the time of Homer, and the Bible, up to our day you will find authority sufficient to convince you of the value of the healing art.

It is necessary, however, for you to practice a rigid self denial in your professional career. This has always characterized the greatest men of our profession. Dr. Parr says, "I honor these medical men, they have more learning, more kindness of heart, more pure philanthropy, than any class of men, I have ever yet encountered;" and Johnson says: "Medical men, of all others whom I have known, are the most kind, courteous and willing beyond all others to exercise a *lucrative* art where there is no hope of lucre;" and so I might go on and name many other eminent men who have pronounced the medical profession one of the greatest, and at the same time, one of the most benevolent. I have cited these examples, because I want that you should come here, not to study medicine as a mere mechanical art, but that you should learn to take upon yourselves some of that *dignity* and self denial which has characterized the great men in the profession who have gone before you. Study, then, assiduously, be not *idle;* nothing is more annoying to my feelings than an *idle* student in medicine. When I see an idle man in the medical profession, I am almost inclined to think that he is *bloodless*. Such a man cannot possess the great qualities of a generous nature; he is indifferent to the many lessons of practical benevolence which are daily unfolded to him. Gentlemen, I feel persuaded that you have come here with a devoted intention to study, and I thank God that I have lived to see the day when in the progress of our art so much more is unfolded for your benefit than was the case in my early days.

The Doctor then compared at length the immense advantages, which were possessed by the medical student at the present day, with those which were enjoyed by him and his cotemporaries.

In regard to the pecuniary reward which medical men obtain, the learned Doctor thought that it was equal to that of any other pursuit, and in eloquent language depicted the embarrassed and unfortunate career of many of the greatest inventors and philosophers, such as Watts, Fulton, Oliver Evans etc. In this connection he would most urgently advise the exercise of a certain degree of prudence, so that in old age the physician may have the means of comfortable subsistance, and not be forced to "die on the limits," and be obliged to ask, as an especial favor, to be buried by your friends, as did the illustrious Cullen.

The venerable speaker then went on to describe the advantages of New York as a place for medical instruction. New York is itself the very focus of medical knowledge, and I hardly dare to trespass upon your time to tell you of the advantages which you are deriving from this institution alone. You have here the advantages of the clinical teaching of the most active and prominent men in our profession, who are engaged in this work of teaching at the bedside more hours in the day than perhaps any other men in the land. I tell you, gentlemen, that an institution capable of accommodating from ten to twelve thousand patients a year is no small affair. Where in the land will you find a similar place? Bellevue Hospital is destined, if no mishap occurs, to rival the most celebrated institutions of Europe. I hope the day is not far distant when the Hotel Dieu will, if compared with Bellevue Hospital, seem like a small concern. We have the men here who are able to do the work.

You can study a greater variety of diseases here than in any other place in the known world. This great metropolis is filled with an almost numberless variety of people. Are you aware that eighty different languages are spoken in this city of New York? In this population, then, representing people from almost every clime, you find the diseases which are brought before your study, presenting the same variety, the same cosmopolitan character. Hence you can acquire, if you are willing to labor

and toil, a medical education as thorough and as complete as in the old world; and I would never advise you to go abroad until after you have finished your studies here and then go as independent observers.

After alluding to the retirement of Dr. Metcalfe from his office as a clinical teacher in Bellevue Hospital, and paying a deserved compliment to that gentleman's labors in clinical teaching, Dr. Francis called upon Prof. Gilman to make some remarks.

Dr. Gilman, after endorsing the excellent remarks of Dr. Francis, regarding his advice to the students, remarked that on this occasion he could not but mark the contrast between this institution now and what it was twenty-five years ago.

Twenty-five years ago he was requested by the public authorities to inspect this hospital. It presented the appearance of an immense stable, and not a very clean one at that. The wards were utterly destitute of anything like ventilation, and had evidently not been white-washed for the space of half a year. He expected to find the female wards in a somewhat better condition, but there was no difference, they were as filthy as the rest. As a consequence of this, Bellevue became the undisputed home of pestilence. Typhus fever raged there day in and day out. The patients were packed together in such a way, that *recovery* was almost a miracle of Godly grace; and, as to nursing—that most important adjunct to the recovery of the patient—it, too, was in a deplorable condition, almost entirely neglected. The persons who had charge of the patients at that time were prostitutes, brought over from Blackwell's Island, and it was not a very unfrequent occurrence, in those times, to find the patient dead in the morning, and the nurse lying at the foot of the bed, drunk, with the very brandy that would, perhaps, have kept the poor sufferer alive. Such was Bellevue at that time.

What it is *now*, you can see for yourselves. The wards are admirably ventilated; everything is in a state of cleanliness and all is done that can render the patient more comfortable; and in addition to this, you have a competent medical board, who reflect honor and who do justice to the position which they hold, and whose delight it is to do all in their power to impart instruction to the students. When you compare this to the former condition of the institution, you will be ready to admit that your lines have fallen in pleasant places.

In conclusion, the Doctor exhorted the students to use their utmost exertions to profit by the most excellent opportunities thus offered for their clinical study.

Dr. Metcalfe then followed with excellent remarks, advising the students in what manner best to follow their course of clinical studies, and confirmed the remarks of Dr. Gilman as to the great contrast between Bellevue hospital in former days, and its present condition. He then called upon Dr. Stevens, who described in a happy manner the great difference between medicine in his early days, when they discussed the questions "whether opium was a stimulant or a sedative," and "whether life was a forced state," and science now, when physiology and pathology have made such gigantic progress.

Dr. James R. Wood then announced the hours of clinical instruction during the course, and also the *Elliot* prize of $50 for the best anatomical preparation of the fascia of the female pelvis.

We would be happy to lay before your readers a summary of the introductory addresses of Professors Clark and Van Buren, in the respective institutions to which they are attached, but we have already transgressed upon the space allotted to us.

Gotham.

News and Miscellany.

We learn from the *Boston Med. and Surg. Journ.*, that Dr. Eli Ives has declined the office of Junior Secretary of the American Medical Association. President Miller has appointed Dr. Stephen G. Hubbard of New Haven, to fill the place. Dr. Eli Ives is 81 years of age, and the appointment was probably *intended* for Dr. N. B. Ives. It was offered him by the President, but on account of ill health he declined it, and Dr. Hubbard received the appointment.

We never doubted that the profession of New Haven would give the Association a hearty welcome, but when, in announcing that though Connecticut was not represented in the meeting at Louisville, the next was appointed at New Haven, we remarked that the profession of that city would be taken by surprise, one or two of the journals took us to task for intimating such a thing. The above item will show how bunglingly the affair was managed. It would be a little singular if the appointment of an octogenarian as *Junior* Secretary of the Association had not caused a little surprise.

Atlanta (Geo.) Medical College.—We have received the announcement of the *sixth course of lectures* in this institution, commencing on the first Monday in May next, and continuing through the following August. At the session just closed there were 166 matriculants and 56 graduates, indicating a fair share of prosperity. The winter preparatory course commences on the 7th of November next.

We recently had the pleasure of a call from Dr. J. P. Logan, one of the faculty, and one of the editors of the *Atlanta Journal of Medicine and Surgery*. If he is a "fair specimen" of the faculty, we do not wonder at the popularity of the school.

Curious Epigram on PHILIP SYNG PHYSICK, M. D., *written in the year* 1792. Our attention has been directed by Dr. S. W. Mitchell, to a humorous and interesting epigram which has been recently exhumed by the *Historical Magazine*.

After Dr. Physick's pupilage with Dr. Kuhn of this city, he proceeded to London, and became a pupil and assistant of the great John Hunter, with whom he resided, and through whose influence he was appointed House Surgeon to St. George's Hospital. In 1791 he went to Edinburgh, attending diligently at the Royal Infirmary, and graduated at the University of that city in May, 1792. The subject of his thesis, written in Latin, was Apoplexy. He remained in Edinburgh, continuing his studies, until September of that year, when he returned to Philadelphia. He was appointed one of the Surgeons to the Pennsylvania Hospital in the year 1794, and his industry and genius added much to the high character of that institution. Every American physician is familiar with his eminent career, and his name will always be venerated as one of the greatest in the annals of medicine.

"An American gentleman from Philadelphia, of the very singular but somewhat harmonious name of Philip Syng Physic, having taken out his degree of M. D. in 1792, the late Lord Kinnedder, then Mr. William Erskine, an accomplished lady, now no more, and an eminent lawyer, afterwards raised to the bench, in a playful mood wrote the following epigrams, both on the name and the inauguration. The first five, it is believed, are by the gentleman last alluded to, but the editor has been unable to assign the remainder to their respective authors."

Sing Physic! Sing Physic! for Philip Syng Physick
Is dubbed Dr. Phil for his wonderful skill;
Each sick phiz he'll physic, he'll cure every phthisic,
Their lips fill with Physic, with potion and pill.

If music, as Plato does stoutly maintain,
In every disease be a sovreign thing,
For calming the spirits and cooling the brain,
Be sure, Dr. Phil, when you physic, to sing.

Lo! Physick! the College permits thee to work
In curing diseases, the greatest of curses;
Syng! dance then with joy when thou thinks't at one jerk,
Physic can empty both stomachs and purses.

What a fillip to Physic, if Philip Syng Physick,
His skill and his quill to support him shall sing,
Of fever and phthisic, each master and Miss sick,
Of Philip Syng Physick the praises shall sing.

Each gap in the science of physic to fill up,
Old Phœbus young Philip Syng Physick bestows;
Then the potion and pill of Phil still shall we swill up,
And Syng shall be sung at the close of the dose.

The Physic of Philip, so sweetly to swill up,
Health, joy and delight among mortals shall bring,
With pap and with praise then still Philip we'll fillip,
And loud, Io Pæans to Syng ever sing.

O Death! since Phil physics, thy triumphs are past,
And broken thy dart is, and blunt is thy sting;
Phil shall fill us with physic while Physick does last,
And while Syng Physick physics, we'll Syng ever sing.

To each creature his own is still dearest and sweetest,
Mine host loves old stingo, and honey the bee;
Then Physick with physic still Philip shall fill up,
And sung by Syng Philip phillippics shall be.

When Philip's great son, as old chroniclers sing,
Fell sick, to great Philip* for physic he clung;
The Philip with physic so fillipped the King,
That Physic and Phil by Timotheus were sung.
Now wake to Phil's pill box and Timothy's lyre,
Let Fame to my hero their blazonments bring,
Like Philip's great son he can bleed—or the sire
Can physic like Philip, like Timothy sing.

Syng Physick for fees seeks the sick man to physic,
But unsought hopes the fee of his physic and skill;
So ne'er let Phil Physick of physic the fee seek,
Nor the sick man be fee-sick of Physic and Phil.

Let physic sing Philip, for Philip Syng Physick
From plain Philip Physick is dubbed Dr. Phil,
Sing Syng then, each patient, while Philip shall Physic,
And Physick shall fillip with potion and pill.

That Apollo the god is of physic and song,
Each school-boy, I think, will full readily hollow;
Then since to his name the same arts do belong,
Be Philip Syng Physick our Magnus Apollo.

We would call attention to the advertisement of the New York Ophthalmic School, which presents excellent opportunities for the pursuit of studies connected with diseases of the eye. Drs. Stephenson and Garrish are experienced instructors, and the institution is one of wide-spread celebrity.

Dr. Boynton, who is favorably known as a lecturer on Geology, commences a course of lectures on that subject in this city on Friday evening next.

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* Philip was the name of Alexander's physician.

There are forty-four students in the medical department of Yale College. . . . Two hundred and forty-five new patients have been received into the N. Y. Ophthalmic Hospital during the past three months. The attending surgeons are Drs. M. Stephenson and J. P. Garrish. . . . Dr. Robert Kells has been appointed Superintendent of the Mississippi State Lunatic Asylum, at Jackson, in place of Dr. W. B. Williamson, resigned. . . . Dr. Livingstone announces the discovery of a large lake in Central Africa. . . . The Sultan of Turkey has presented his physician with jewels, etc., worth between sixty and eighty thousand dollars, and a valuable estate, for giving him quinine to cure an ague.

To Correspondents.

W. S., Cleveland.—The Écraseur in any of its forms may be had from the instrument makers in this city. It has been much simplified yet is powerful and not liable to get out of order. The rapidity of its action should vary from a few minutes to half an hour, depending upon the vascularity of the part and risk of hemorrhage. It is certainly only applicable to conditions where the latter consideration prevents the use of the knife, and should be restricted to such operations as the removal of the tongue, large nœvi, intra-uterine tumors, hemorrhoids, etc.

COMMUNICATIONS RECEIVED.—*Ala.*, Dr. Samuel Morton, (with encl.,) Drs. Jump and Jones, (with encl.)—*Florida*, Dr. A. L. McRae, (with encl.)—*Geo.*, Dr. W. H. Doughty, (with encl.)—*Illinois*, Dr. E. C. Ellett, (with encl.) Dr. B. Woodward, Dr. R. L. Rea—*Mass.*, Mr. C. N. Chapin, Dr. C. E. Buckingham—*New York*, Dr. S. Jackson, (with encl.,) "Gotham," Dr. M. Stephenson, (with encl.,) Tilden & Co., Dr. L. Elsberg—*Penna.*, Dr. Wm. C. Bosset, Dr. J. A. Wolff, Dr. R. H. Archer—*Va.*, Dr. W. H. Triplett, Dr. J. B. McCaw.

Paid to Mr. John Hulme.—Drs. Harman Yerkes, Wm. C. Roney, John G. Hillegass, Chas. T. Waage, E. Kitchin, Wm. C. Bossett, G. W. Wimley, D. Webster Bland, J. P. Palm, F. B. Nice, Louis A. Livingood, Wellington G. Beverle, Daniel Deppen.

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MARRIAGES.

BOWLES—BELDEN—At West Springfield, Mass., Oct. 12th, by Rev. Theron Hawkes, Stephen W. Bowles, M. D., of Boston, to Elizabeth, only daughter of the late Dr. Chauncey Belden, of West Springfield.

NOYES—BEVRIDGE—At Newburgh, N. Y., Oct. 13th, by Rev. Wm. McLaren, Henry D. Noyes, M. D., of N. Y., to Bella F., daughter of the late John Bevridge, of Newburgh.

PARMELY—STEELE—On the 23d of August, by Rev. K. Y. Hancock, at the residence of the bride's father, Livonia, N. Y., Dr. J. Parmely, of Taylorsville, N. Y., to Miss Elvira L. Steele.

WARD—BREEK—In Newark, N. J., Oct. 12th, at the residence of the bride's father, by Rev. E. J. Richards, of Reading, Pa., William P Breek, of Williamsburg, N. Y., to Matilda W. R., daughter of Dr. J. M. Ward.

DEATHS.

BABCOCK—At Bates' Station, Montague county, Texas, Oct. 2d, Wm. Henry Babcock, M. D., assistant surgeon U. S. A., aged 26 years. (His remains will be taken to New York for interment.)

FERGUSON—In Brooklyn. Oct. 11th, John T. Ferguson, M. D., formerly of New York, in the 56th year of his age.

SMILEY—At Germantown, Pa., on the 13th instant, Sarah, wife of Thomas T. Smiley, M. D., aged 62 years.

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The *Medical Press* says of this work: "This is a very practical essay on the important subject of Cataract, by one of our most experienced Ophthalmic Surgeons, whose name in connection with diseases of the eye has been long and favorably known to the profession. It is illustrated by five beautiful lithographic engravings, which are worth far more than the price of the pamphlet."

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